

**MN Rules, 9502.0335 Subpart8**  
**REQUEST FOR VARIANCE - FAMILY DAY CARE      St. Louis County Social Services**

**Licensors:**

**Telephone:**

**Provider:**\_\_\_\_\_ **Telephone:**\_\_\_\_\_

**Address:**\_\_\_\_\_

**Class of License:**\_\_\_\_\_

**1. Briefly, why are you requesting this variance?**

---

---

---

---

---

**2. For what section of the rule do you want a variance?** \_\_\_\_\_

**Briefly, describe how you will be out of compliance with the Rule.**

---

---

---

**3. For what time period are you requesting the variance - beginning and ending dates. Include days of week & hours of the day if appropriate.**

---

---

---

**4. If the variance is approved, what specific alternative measures will you provide so the health, safety and protection of the children in your care is ensured?**\_\_\_\_\_

---

---

**5. Providers: Have you received variance approvals in the past 12 months? Yes\_\_\_ No\_\_\_**

**If yes, what is the total number of days in the past 12 months you have operated under variances?** \_\_\_\_\_

**An enrollment list is attached? Yes\_\_\_ No\_\_\_\_. Required only if you are requesting a variance for licensed capacity, age distribution or adult/child ratios.**

**Provider Signature:**\_\_\_\_\_ **Date**\_\_\_\_\_

## Family/Group Family Day Care - Enrollment List

**Provider Name:**\_\_\_\_\_

**License Class:** A   B1   B2   C1   C2   C3   D

**Total number of children enrolled in your program:**\_\_\_\_\_

**Maximum number of children at one time:**

       Infants             Toddlers             Preschooler             School Age

**Please list all children, including your own, along with their age group ( I, T, P or S ), 10 years of age or younger who will be in care if the variance is granted. Please include each child's birthdate and days of week and hours per day the child will be in care. Note example listed. Attach additional sheets if necessary.**

**Sally Smith, P 01/01/2000 Monday, Wednesday and Thursday 8:00 AM to 3:00 PM**

This image shows a full page of white paper with horizontal black lines, resembling notebook paper. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**VARIANCE REQUEST - FAMILY DAY CARE**  
**ST LOUIS COUNTY SOCIAL SERVICE DEPARTMENT**

Provider Name \_\_\_\_\_ License Class \_\_\_\_\_

Licensors' Summary of the request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Licensors Signature \_\_\_\_\_ Date \_\_\_\_\_

Staffed by Variance Committee: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

\*\*\*\*\*

This variance request is: \_\_\_\_\_ approved \_\_\_\_\_ denied \_\_\_\_\_ not required.

Reasons: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Conditions:**

- 1. This variance is only for children currently enrolled in this program.**
- 2. Anticipated changes in enrollment must be discussed with the Licensors.**
- 3. A copy of this page (pg.3) of this variance must be posted near the license and visible to parents using the program.**
- 4. Unannounced visits by the licensors may be made while this variance is in effect.**

This variance is effective from \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_